1	UNITED STATES DISTRICT COURT
2	DISTRICT OF MASSACHUSETTS
3	No. 1:18-cr-10249-WGY
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5	UNITED STATES OF AMERICA
6	
7	vs.
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9	MARK MOFFETT
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12	
13	For Jury Trial Before: Judge William G. Young
14	Judge William G. Toung
15	EXCERPT: Closing Arguments
16	United States District Court
17	District of Massachusetts (Boston.)
18	One Courthouse Way Boston, Massachusetts 02210
19	Thursday, December 19, 2019
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22	REPORTER: RICHARD H. ROMANOW, RPR
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PROCEEDINGS

(**EXCERPT** Begins.)

CLOSING ARGUMENT BY MR. BASIL:

Good morning, ladies and gentlemen, thank you for your service on this jury. "I was the puppet master," you know those words, it's where we began, and it's where we end this case. The "puppet master," that's how he thought of himself, but that's also how he thought about other people, "puppets," the doctors, the nurses, the patients. Now they trusted him, they believed in him, they entrusted him with completion of these forms, and he used them to commit fraud. You've seen the false insurance letters, you've seen the false diagnoses, the false medication histories, medications patients were never on, the false lab values, lab values that don't exist anywhere except on the forms that he filled out. You've seen the false prescriptions.

The evidence here shows, beyond a reasonable doubt, that Mark Moffett committed insurance fraud and that he used his friends' identities to do it. For the next few minutes I'm going to walk you through the evidence that shows that. Let me start with what's called "The scheme to defraud."

Now you've heard a lot about HoFH, "Homozygous

Familial Hypercholesterolemia," what it is and what it isn't. Now you know it's a super rare disease and you know that it is not in any patient records you have seen in this case, not once, not ever. The doctors just did not have this diagnosis. And you've heard how important medical records are to these doctors. They know that other doctors are relying on them when they document care. They know that when they write down a diagnosis, another doctor is going to see it, and that means continuity of care for the patient. And you know from the doctors that the medication history matters because a doctor wants to know what meds the patient is on so a doctor doesn't prescribe a medication that causes a bad result. The doctors did not make this diagnosis.

You also know that HoFH is not in the marketing pitch from that man there. Yes, HoFH is in the official Aegerion documents, but you heard witness after witness tell you that when Moffett talked about this drug, Juxtapid, this \$300,000-a-year drug, he didn't say "HoFH," he said "statin intolerance and high cholesterol," that's way broader than HoFH. And you know it's true because you have Moffett's e-mails where he says the same thing.

When Moffett actually tells doctors how to use this drug and who to use it with, he doesn't say "HoFH."

When you go into the jury room, look at Exhibits 153, 177, and 235, "patients with LDLC over 150," "patients that may be intolerant of statins," "LDL Refractory slash challenging," that's not HoFH, that's high cholesterol, that's statin intolerance, and you heard from the doctors that's not HoFH.

He even gives his own criteria for what kinds of patients he thinks they should use. Ladies and gentlemen, Mark Moffett is not a doctor, he does not get to diagnose patients, doctors do. The doctors are going to tell you, and you've heard them say, they were prescribing this drug off-label, exactly how he marketed it. You know where HoFH is in this case, it's on the insurance forms, in the writing you know, it's on the prior authorizations, it's in the false insurance appeals letters. And you know how HoFH got there, he put it there and you know he did because you've seen him do it.

This is his e-mail to Julie Santarelli and Tracy
Shelabarger, "Under diagnosis code, don't put
'hyperlipidemia,' just put '272.0 HoFH.' Sorry it's
duplication, but insurance companies suck." Julie
Santarelli and Tracy Shelabarger told you that Moffett
told them to say that to get the insurance company to
pay, and you know it's true because you have Exhibit

139, you can see him do it, "Don't put the real diagnosis, say HoFH."

Now, ladies and gentlemen, this is a \$300,000 a year contract with a narrow indication from the FDA. You've heard that this drug has a black-box warning, you know that you have to test every single month to make sure that there's no liver damage to the patient. Well the problem for Mr. Moffett is that there were no HoFH patients, none of these doctors had them, so he just marketed for something else, and the doctors prescribed it for something else.

But, ladies and gentlemen, Medicare Part D can't pay off-label, Medicare Part D pays for the medically-accepted indication and that, in this case, is the FDA approval. Medicare Part D doesn't pay for experimental uses, Medicare Part D pays for what is proven to work in the population it's proven to work in. That's the condition in the federal rules, and commercial plans have similar limitations. The insurance company, they look at the diagnosis, they look at the medication history. This information for them was material. They assumed and relied on the fact that there was a valid prescription issued by the physician.

"Here, Doctor, sign this," that's not a valid attestation, you have to know what you're doing when you

sign a document. These doctors never intended to attest to a diagnosis consistent with HOFH. And these facts were material, that means capable of influencing the insurance company's coverage decision. It doesn't mean the last final fact that determined everything they did, it just means capable of affecting their decision. And that's why Moffett said here, "Don't put hyperlipidemia," because he knew the insurance companies cared.

For Moffett, fraud was the answer. His motive was the bonus. And there they are, thousands of dollars each time he got this done. And later on, ladies and gentlemen, just for getting the paperwork, he got money. That is the scheme for fraud in this case.

Now at the beginning of this case we told you that we would prove two things beyond a reasonable doubt. First, that Moffett had a scheme to defraud by submitting false patient information, false diagnoses, to insurance companies, that's the first thing, and second, that he used the doctors' identities to do it, and you've heard that's their names, their NPI numbers, and their signatures. That's aggravated identity theft. You've now seen the evidence and you know the evidence proves he committed these crimes.

Judge Young is going to instruct you on all of the

elements of these crimes. He'll explain, for example, that wire fraud requires an interstate fax or an e-mail or a phone call, the wire doesn't have to be the thing that is fraudulent, it can just be in furtherance of the fraud scheme, and I expect Judge Young is going to give you a verdict slip that helps you see where the wires are for each of these.

I expect that Judge Young will tell you that you can convict Moffett whether he did everything by himself or whether there were some other people involved or whether he used other people to commit the fraud. So if you find that Moffett committed his crimes by using Marti Quinones, or Julie Santarelli, or Tracy Shelabarger, you can still find him guilty if he willfully used them to commit the crime.

Let's use -- let's go to an example of that. (On screen.) This is Mr. Moffett's e-mail to Marti Quinones telling her how to fill out the form, "Here are the answers for the attached form." He tells her to report a false diagnosis of HoFH. You know it's false because it's not in the medical record. You know it's false because Dr. Dande told you he didn't diagnose this patient with HoFH and he has never diagnosed any patient with HoFH. You know it's false because Allyson Gough didn't even know what HoFH was.

Moffett told Quinones to say that the patient had a skin fiberglass test. You know that's false. Nobody even knows what that test is. Nobody knows.

Moffett even attached the form to fill out, he knew what questions the insurance company was asking, he knew what mattered to the insurance company. It's all right there. When Quinones faxed that form, that's the wire, the crime is complete, and with that evidence you can convict him. Moffett made \$11,000 from this. That was the puppet master at work. And you can hear the puppet master at work in real-time.

Remember that phone call with his girlfriend,

Julie Santarelli, when she called on Patient Leslie

Griffith, Dr. Mishkel's patient, and this is Count 2 of

wire fraud that you're going to be looking at. When you

go into the jury room, listen to Exhibit 54-01, the call

to CVS, and what you're going to hear is the CVS person

says, "What's the diagnosis?" And she just says,

"Hyperlipidemia," it rolls right off her tongue, because

it's in the record. It's easy. But then she stumbles,

she says "Homozygous Familial Hyperlipidemia," she still

gets it wrong, but then she corrects it and she finally

gets it out, "Homozygous Familial Hypercholesterolemia."

Now that's a lie, HoFH is not in that patient's medical record and Santarelli testified that Moffett was

right there. Now listen to it.

(Plays audio.)

Ladies and gentlemen, "He's telling me what to do," that's what she told you, and you know that's true because he bragged about it. There it is, "Griffith approved after Mishkel nurse appealed to BCBS over the phone. I was the puppet master as she spoke."

Santarelli's boyfriend, Mark Moffett, told her to lie and she did. Santarelli may not have known what HoFH was, but she knew it wasn't in the chart, that's why she couldn't just read it off the chart on that call. And Moffett, he made \$9500 from that. If you want to see his bonuses, you can look at Exhibit 312, they're all there. And let's talk about the rest of Dr. Mishkel's patients, there they are, and there are the counts, the corresponding counts.

For each of these counts, you have the treatment notes that show there was no diagnosis of HoFH. You then have the prescriptions, the statements of medical necessity with false information, the prior authorization forms with false information, you have the insurance letters with false information. Dr. Mishkel and Santarelli told you that those forms are in Moffett's handwriting. That's the same handwriting on the letter that Moffett gave to Teresa Caldwell, the

same writing that is in Mr. Moffett's employment file at Aegerion -- and that's in Exhibits 2 through 7, and here are examples.

In the upper corner, that's the letter that he gave to Teresa Caldwell. Here are the charts for Teresa Caldwell. (On screen.) You know the false information on these forms is in that handwriting. Here's another example. (On screen.) That's from the employment file. Look how "Nilesh Goswami" is written when you look at how it's written on the forms for Dr. Nilesh Goswami. This is an example of one of these forms. There's the handwriting you know. There's the diagnosis that Dr. Mishkel tells you did not exist. This is Wire Count 6, Identity Count 13, it's an e-mail, that's your wire in this case.

And look also, there's a drug listed here,

Nevacor, it says it's current. Now there's a treatment

note from that day, it's Exhibit 101. Go look at it.

There's no Nevacor that day. There is another note

hidden away from 2003 -- a note from 2003 is not current

in 2014. That is a false medication history, because

Mr. Moffett knew that the insurance companies were

looking at what other drugs patients were on. It was

material to them. That is a trick to trick the

insurance company. So let's talk about Teresa Caldwell

and the other patients.

Teresa Caldwell wasn't even Dr. Mishkel's patient, she told you that, Santarelli told you that, and Mishkel told you that, and they all told you there is no diagnosis of HoFH, and they all told you the real diagnosis was statin intolerance, and you know that Moffett knew that because he wrote it in the letter he gave to Caldwell, it says that Dr. Gill and Dr. Mishkel wanted it, wanted this drug for her because she was statin intolerant.

But then there's a lot of other gobbledygook in that letter, things about "LDL receptor activity" and "blunted response." There's no evidence of that in the record, that wasn't something she had ever heard from a doctor. I guess she heard that from Dr. Moffett, Dr. Moffett came up with that, Dr. Moffett apparently had information about her genes. Now Caldwell didn't get Juxtapid in the end, but you know what? Mark Moffett got \$2500 just for getting in those forms.

Roy Young? There's no diagnosis in Roy Young's chart either. Dr. Mishkel told you that he did not diagnose that man with HoFH, but Santarelli put it on the form and she did it because Moffett told her to, just like he told Tracy Shelabarger and just like you saw him tell Shelabarger and Santarelli in Exhibit 139.

And Moffett? Well he got \$9,000 on that one. And you know that Moffett knew he was committing fraud.

He has a good friend, Dr. Goswami. He goes to Dr. Goswami with a letter, Dr. Goswami looks at that letter and says, "No, I will not sign that letter because it has a false diagnosis," the diagnosis of HoFH. That diagnosis is not in the medical record. Dr. Goswami told you that this patient isn't even consistent with HoFH because of the triglyceride level, it excluded the diagnosis. But Moffett sent that letter anyway. And when the insurance company denied again, he sent a second letter, that's Exhibit 79, that's the one that Dr. Goswami told you he never even saw.

And then Dr. Dukkipati, the patient, Crystal Houston, there's that writing you know again. Now, Dr. Dukkipati, he told you he didn't diagnose this patient with HoFH, and that diagnosis again is not in the chart. And Dr. Dukkipati told you that this signature on this form right here, that's not his signature. But remember, like Dr. Goswami, Dr. Dukkipati told you that this patient's diagnosis isn't even consistent with HoFH because of the triglyceride levels on the patient.

Now, Mr. Moffett, he knew about that fact. You saw in Sarah Whipple's compliance decl. the criteria

that Aegerion itself used to find patients, if triglycerides are over 300, you're out, unless you have a genetic test. You saw all of those criteria in that compliance decl., they also have the triglyceride level. And you can look at the insurance form for Blue Cross Blue Shield, it also has the triglyceride level. He knew that. It's not consistent with HoFH, it's not HoFH, that's what the doctors testified to.

And so Dr. Dukkipati, he helps you understand a fundamental fraud here, that's the prescription itself. The attestation there is not valid, the doctor would not sign that form knowing that attestation was there. And again, ladies and gentlemen, "Here, Doctor, sign this," that is not getting a valid attestation. And you know the insurance company wouldn't pay if it weren't a prescription. And you know from Heather Rezendes, the Compass lady, Compass wouldn't even process a claim if they didn't have that prescription. And Moffett, he got \$9,500 for this one.

Now Goswami, Mishkel, Dukkipati, they were

Moffett's friends, they trusted him, they knew him, they
socialized with him, he was welcome in their offices,
their office staff knew him, he could go in when he
wanted, he had access to the fax machine. He got
signatures on forms, he had to, the fraud doesn't work

without signatures. The signatures looked like the doctors' signatures. They have to. You don't commit a crime like this unless the signatures look right, you've got to get them one way or another.

How about the Mishkel swoosh we talked about?

It's not that hard, try it yourself, "zoop," there it is. But you know Dr. Mishkel wasn't signing letters when he wasn't even in the office, when he was away in another place testifying, you know he wasn't signing letters as if he were the "President of Prairie Cardiovascular," no one signs using a title they don't have. It's just a mistake he made?

I expect Judge Young is going to tell you an additional fact here and that is -- he's not going to tell you a fact, he's going to tell you a law about the facts, and that is for aggravated identity theft, you can't give permission to someone else to use your identity to commit a crime, that's not with lawful authority. I'll say that again. There is no lawful authority to go out and use an identity to commit a crime. The false information on all of these forms, when you look at the prior authorizations, it's in the handwriting you know.

So we come to Dr. Nallamothu and there's that writing you know. A diagnosis of HoFH? Yes.

Dr. Nallamothu told you that he did not diagnose Janet
David with HoFH. You can look at her chart. It's just
not there. But it's the same handwriting. It's the
same handwriting on the forms in Mattoon with Dr. Dande,
it's the same handwriting in the office of Dr. Goswami,
it's the same handwriting right there. There's a common
denominator and that denominator is the defendant, Mark
Moffett.

Now, Janet David, she didn't get this drug and on the handwriting -- you can compare this handwriting to know for a fact she didn't. On one side here you've got the form for Terry Twigg. Dr. Goswami testified that that is Mark Moffett's handwriting. And on the right you've got Janet David's. (On screen.) Just look at it, it's clear. As I said, Janet David, she didn't get Juxtapid, but Mark Moffett got \$2500 for getting that form right there.

You've also seen the forged letter from

Dr. Nallamothu. Dr. Nallamothu did not write that

letter. You know who wrote that letter. Just compare
the letters from all the different doctors, they all

pretty much look the same. They've even got the same
titles.

Now in January of 2015, Moffett admitted to the Aegerion compliance officer, Sarah Whipple, that he had

written an assurance appeals letter, but he didn't tell Whipple about the letter for Terry Twigg, and he didn't tell Whipple about the letter for Teresa Caldwell, and he didn't tell Whipple about the letter for Barbara Lawrence, and he didn't tell Whipple about the letter for Desandro, he didn't mention any of them because he was hiding it because he knew it was wrong, the only reason why he wouldn't say that. She asked him, "Are there any other letters?" and he said "No."

Now that was January of 2015. And Whipple told him, "Don't write letters like that, Mark, don't do it." And you've seen the Nallamothu letter, that was September of 2015. Moffett knew what he was doing was wrong.

Ladies and gentlemen, this is a scheme to defraud. You know what happened here. You've seen that fraud plays on trust. Fraud has to look real to work, it has to look real. Fraud is getting money with deception.

Deception works because it can trick people. Fraud's a show. There is no reasonable doubt here, Mark Moffett was pulling the strings on a fraud scheme. Mark Moffett committed these crimes. You should return the only verdict that is consistent with all the evidence that you have received and that is guilty on all counts.

Thank you.

THE COURT: Mr. Parker.

MR. PARKER: Thank you, your Honor.

CLOSING ARGUMENT BY MR. PARKER:

Good morning, everyone. When I first got to talk to you directly at the start of this trial, I told you that the evidence would show that Mark Moffett didn't force a single doctor to put a patient on Juxtapid, he didn't pay any doctor to put a patient on Juxtapid, he didn't bribe a doctor or nurse to put a patient on Juxtapid, he didn't trade on friendships or romance to get a patient on Juxtapid, he didn't trick anyone to put a patient on Juxtapid, and he certainly didn't go behind doctors' backs to get Juxtapid prescribed for their patients without their knowledge, and that's what the evidence showed. Didn't it?

I told you that the evidence was going to show that Mr. Moffett, what he did was help busy doctors, busy nurses, and busy staff in doctors' offices get the paperwork done for Juxtapid. They asked for his help, they wanted his help, they expected him to help, and he helped, in good faith, honestly, with a sincere desire to help make sick people better. And I think the evidence showed that.

And I told you that the evidence would show that

Mark Moffett believed and trusted the doctors, some of whom are his friends, that they knew what they were doing, that they were appropriately selecting patients to put on Juxtapid that had HoFH, and that the patients who the doctors wanted to prescribe Juxtapid for did in fact have HoH -- HoFH, and were proper Juxtapid patients, and I think the evidence showed that as well.

Now I wish I would have said then that the evidence also would show that Mr. Moffett did not pull or control the strings, that the evidence would show that he was the farthest thing from the "puppet master." Did he make a poor choice of words when he said that? Yeah, probably. Was it anything more than braggadocio to show his boss that he could get things done and was capable of doing his job?

If you learned anything, from sitting here over these last few weeks, is that it was incredibly difficult to get an insurance company to approve coverage for Juxtapid. Test claims, verbal authorizations, prior authorizations, clinical reviews, denials, appeals, peer-to-peer phone calls, it's an achievement when you can get through all of that and get Juxtapid approved by an insurance company for a patient who needs it. It's an accomplishment that would spark some pride and satisfaction and maybe a pat on your own

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back, something you want to take credit for with your boss. So instead of name calling, let's look at the evidence. And first let's look at the lay of the land.

Juxtapid was approved by the FDA for lowering cholesterol in patients with HoFH. The FDA gave no guidance and set no criteria for diagnosing HoFH. It could have required genetic testing, but it didn't. A clinical diagnosis of HoFH would suffice.

The FDA could have set the criteria for a clinical diagnosis, but it didn't do that either, so it was up to the medical community to define the criteria for clinically diagnosing HoFH. And you've seen that there was no consensus in the medical community on that, there was no single uniform set of criteria that every doctor would apply to make a clinical diagnosis of HoFH, that much is clear from the slide that Mr. Basil liked, when he had Sarah Whipple on the stand, that showed all of the different criteria on the two sides, from scholarly articles, for diagnosing clinically HoFH, with varying minimum LDL levels, um, differing on the nature of family history, high cholesterol, or premature cardiac events, or with other differences. And then there's the Phase 3 clinical trial for Juxtapid in which all patients had undergone genetic tests and were confirmed with HoFH. The LDL levels there ranged from 152 and up,

and at the low end much lower than the criteria on the slide that Mr. Basil liked.

The article that Dr. Dukkipati e-mailed to

Mr. Moffett recognizes that clinical diagnoses criteria

differ and it identifies some common or core criteria

for diagnosing FH, HeFH, and HoFH. And I bet you never

thought you would know what I meant by saying that

sentence before you sat on this trial. Those are

important aspects of the lay of the land, the world that

Mr. Moffett joined when he started at Aegerion, a

clinical diagnosis was all that was required, criteria

varied, criteria typically included high LDL levels,

family history of cath or cardiac conditions or high

cholesterol. Doctors, who were properly informed that

Juxtapid was for HoFH and were made aware of that

clinical criteria, would be able to identify HoFH

patients in their practices.

I want to talk about these doctors who came in here and said some incredible things, I think lie after lie after lie, and I want to start where we ended with Dr. Nallamothu, who's been a cardiologist in the United States for 20 years, I think he said, and who went through a residency as a doctor and then a multiyear fellowship in cardiology before he could start practicing, who writes coherent complicated medical

notes for his patients in perfect English, who reads technical and professional journals written in English, yet he tried to tell you that he could not possibly have written an appeal letter for Janet David because English is his second language, he would not possibly know how to use those words. And that's absurd.

He also had half a dozen cockamamie reasons why his calendar is really not his calendar. He has no control over what's in it. He has no idea what's in it. He apparently has no input into what's in it. If it says he has a meeting scheduled with Mr. Moffett, he has absolutely no idea how that could have gotten in there because, boy, he sure doesn't remember meeting Mr. Moffett in 2014, months before he prescribed Juxtapid for his patients, including Janet David. Didn't he have to say that? Didn't he have to say, "Meeting"? "What meeting, I never had a meeting?" Because if he had a meeting with Mark Moffett in his office on November 4th, 2014, it would have to have been about Juxtapid.

Why else would he see Mark Moffett? They weren't friends. He was a drug rep selling one drug. They had no personal relationship. It wouldn't have been a social meeting. If he admitted that he had a meeting with Moffett, then pretty much everything else he said

would unravel, like "I never met or spoke with Mark Moffett." Like "I didn't know what Juxtapid was till the agents told me about it in 2018." Like he didn't know what HoFH was? How about that one?

Ms. Hemani asked him how he learned about new medications that were pertinent to his practice and he said something about CMA meetings, office seminars, reading medical journals, interactions with his colleagues, but he didn't really know anything about Juxtapid in 2014 and 2015. All of his other colleagues did. So that's just mind boggling.

And how did a script get written for Juxtapid for Ms. David in the first place? There was no treatment note in the medical file -- well there is a treatment note in the medical file, it's marked as an exhibit, it's by Dr. Nallamothu's nurse, Jenn Law, and she says that they're going to talk to Ms. David about Juxtapid. So how did that happen? Did she do it on her own? Why? Why would a nurse make that kind of decision? Or was Mr. Moffett behind it, did he somehow get access to Nallamothu's EMR -- medical records? "Take Janet David out, try to get her on Juxtapid behind Dr. Nallamothu's back," where's the evidence for that? If that's what happened, presumably Jenn Law would have known that. Where is she? Why didn't they fly her in from Illinois

to testify that Moffett was behind this? Doesn't it
make more sense that Nallamothu wanted Janet David on
Juxtapid and told Jenn Law, who told Ms. David, and made
a note of it in the records, and then brought in
Aegerion, including the onboarding nurse?

But Nallamothu's most consequential lie is that he signed none of the paperwork. He signed it all. And you know that from when I walked you through it on the presenter. I'm not going to belabor this because you've got all of that material and you can look at it in the jury room during your deliberations. There's the full signatures that we know are his, and the full signature on the top employment agreement, which is marked as an exhibit, and we have the full signatures on the Juxtapid paperwork, and you could look at those. One we know is his, two he said previously were his, but now they're not, and you can make up your minds. They're identical. And the short, um, signatures that I pulled out of the medical records and compared to the other Juxtapid paperwork is his as well.

So let's talk about Dr. Goswami. At least he admitted that he signed the Juxtapid form and the statement of medical necessity for his patient,

Mr. Twigg, and the REMS enrollment form, but he also said that the first time he saw these forms was when the

agents showed them to him during their interviews.

What? "You signed paperwork in 2014 and then you say,

'I've never seen it before the agents showed it to me'?"

He also said that Fenofibrate was for treating triglycerides and that the entry for a treated LDL level, that I think Mr. Basil showed you, was really an untreated level, because Fenofibrate is not for lowering cholesterol. Well I put in a label for Fenofibrate, the first page, and the first indication is for lowering LDL cholesterol.

But again, Goswami's biggest and most consequential lie is about other signatures. He says that the signatures are not his on what I call the "proactive letter," um, Exhibit 77, Mr. Basil put it up, where he says he's writing "proactively to get approval for Juxtapid," and the second letter, the appeal letter. The proactive letter is the one that he said Moffett offered to write for him, he said "Okay, write it," he said Moffett showed it to him, and then Goswami says, "I can't sign that, it's not true." But he told the agents that it was his signature on it. "I can't sign that, it's not true, but boy that really looks like my signature." So that's more mind boggling, right?

So compare the signatures on those letters with his known signatures that he's admitted to on the

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statement of medical necessity, the prescription, the REMS enrollment form, and they're the same.

Dukkipati also had the same issues with denying here at trial that signatures were his, on several documents, two scripts for Crystal Houston, and a statement of medical necessity and a prior authorization form for Roy Young, he had denied that he signed any of those documents. And then when I asked him if he told the agents that he did sign all of them previously, on more than one occasion, he said, "I can't remember." Really? Is that the kind of thing that you don't remember? I mean you might not remember whether a specific slide in a decl. was shown in an educational dinner in 2014, but would you really not remember whether you identified your signature previously to an FBI agent who's asking you about your signature and your name on this paperwork? Fortunately we have a known sample of Dr. Dukkipati's signature again from the Pao Bistro sign-in sheet. I put it up with his other signatures. You all saw it. Look at everything. signed everything.

Now there's something curious about Julie

Santarelli's testimony. I asked her something, she gave
an answer, and then I saw her look directly at

Ms. Hemani and mouth the word "Sorry." And maybe all of

you saw that --

MR. BASIL: Objection.

THE COURT: No, you can't testify, so that's not evidence. He did ask her about it, and he may assume that the jury saw something. You may argue from that, Mr. Parker.

MR. PARKER: Maybe all of you saw that, maybe you didn't. Maybe some of you saw it, maybe you didn't.

But that's not right. Witnesses are supposed to come in here and tell the truth, not tow the government line.

And what about leaving out of her education her bachelor of science degree in biology? She said that Ms. Hemani only asked her about her nursing training, but that's again for you to remember, whether or not that was the question, and if that's how Ms. Hemani did phrase the question, why did she put it that way? To bolster a suggestion that Mark Moffett would be able to take advantage of Ms. Santarelli, to pull her strings?

And let's talk about Mishkel's signature, the "G" swoosh or the squiggle. I think he ultimately admitted that because he didn't remember seeing any of the documents with that "G" on it, he could actually have signed them all. Every "G" swoosh you have seen could have been actually written by Mishkel or by Santarelli, who had authority to sign on Mishkel's behalf. And

isn't it impossible to determine who put the "G" on those documents? I mean it's not like the "Dukkipati" and all of those signatures which looked complicated and hard to imitate.

We know Julie Santarelli brought one draft letter of appeal to Mishkel, but she's not sure which one, for his review, and she says he approved it and it was sent out. She says she's not sure if Mishkel signed it, but why wouldn't he? He read it. He approved it. Why wouldn't he sign it too?

And we also know that Mishkel could have had

Ms. Santarelli draft another appeal letter, he thought

it might have been the Barbara Lawrence one, and he said

that he may have referred it to her to draft. If that's

the case, wouldn't it make sense that she signed that

letter too, or that Mishkel did?

My point being that if the government contends that Mr. Moffett not only customized appeal letters for Mishkel's use, but signed them as well, the state of the evidence is nowhere near proof beyond a reasonable doubt that he did that. If Mishkel signed the appeal letters, particularly after reviewing and approving one of them, that's a further indication that Mark Moffett reasonably believed that Mishkel's patients actually had HoFH. He already would have signed this prescription and this

statement of medical necessity, the appeal letter comes later. The statement of medical necessity and the script say the patient had HoFH. The appeal letter says the same thing.

Goswami, Mishkel, and Dukkipati, all say they were not prescribing — or they were prescribing off-label. They say that now, that they were prescribing off-label to treat nonHoFH patients, and that's all well and good, but the real question, and one of the critical questions you need to answer, is did Mr. Moffett know that? Did the government prove that beyond a reasonable doubt? And, no, there's no evidence of that, not even whatsoever, let alone beyond a reasonable doubt.

First and foremost, not one of these doctors say that they told Mr. Moffett they were prescribing

Juxtapid off-label for nonHoFH patients. None of them said they told Moffett, "I don't have any HoFH patients, but let's try this out on patients who don't have it and see if it works." Goswami didn't say that. Mishkel didn't say that. Dukkipati didn't say that. And none of them put in their medical records that they were prescribing for patients -- um, Juxtapid for patients off-label who didn't have HoFH. None of them even told their patients they were prescribing Juxtapid off-label, even though they knew that the only FDA-approved

indication for it was HoFH. If Goswami, Mishkel, and Dukkipati, were prescribing Juxtapid off-label for patients who didn't have HoFH, that was a close secret that only they knew, because they never said it to Moffett and they never made any mention of it anywhere in their records, and they didn't even tell their patients about it.

So what they did say to Mr. Moffett about Juxtapid shows that they knew what it was for. Mishkel e-mailed Mr. Moffett with the article from a journal on January 14th, right after Mr. Moffett started with Aegerion, because he was concerned whether Juxtapid was effective. Mr. Moffett e-mailed back that the article didn't specifically address HoFH, but he would fully research it. You have this e-mail chain, it's in evidence, and it's back and forth in one day.

Mr. Moffett had no reason to think that anybody other than Mishkel would ever see that e-mail -- his friend. If Mr. Moffett intended to encourage doctors to market Juxtapid to patients who didn't have HoFH, a private e-mail to his friend would have been the perfect place to do it, "Don't worry, Greg, it's good for nonHoFH patients too, you can prescribe the heck out of it," is what he would have said if that's what he thought and believed.

Dukkapati e-mailed Mr. Moffett a different article from a different scholarly journal that unequivocally said that Juxtapid was for treating patients with HoFH, that's in evidence too. So what these doctors did not say, "We're prescribing Juxtapid off-label," and what they did say, in the Mishkel and Dukkipati e-mails referencing journal articles about what Juxtapid was for, shows that they fully understood what it was for.

And what about the other way around, is there any evidence that Mr. Moffett was encouraging these doctors to prescribe off-label for patients who didn't have HoFH? And I think on balance that's a "No" too. The evidence shows that Mr. Moffett consistently made efforts to educate these doctors that Juxtapid was only for treating HoFH. He didn't always use that term in his e-mails and Mr. Basil put up three e-mails from the course of two years of selling Juxtapid, um, that Mr. Moffett didn't put the term "HoFH" in the e-mails, but what he put in those e-mails was the kinds of things that patients would have if they were suitable for Juxtapid, what he put in those e-mails was the general criteria for diagnosing Juxtapid clinically.

On the whole, the evidence that you'll have, and you'll see it all, was that Mr. Moffett was upfront and explicit that Juxtapid was for treating HoFH. You have

the August 24, 2014 infamous Pao Bistro meeting that nobody can remember anything about. You have the July 2014 e-mail, that's also marked in evidence, from Mr. Moffett to all the doctors, saying, um, there's a Phase 3 study, and of course the Phase 3 study, which is attached, is on HoFH and it's all about how the patients have HoFH and how Juxtapid works to treat HoFH.

And Mishkel didn't even admit that Mark -- he did admit that Mr. Moffett told him that Juxtapid was for treating HoFH, but he had to say that because he said it before to government investigators. But he added something new at trial, something he'd never said to the government investigators in his six interviews and in his sworn-under-oath prior testimony. Dr. Mishkel said that Mr. Moffett also told him that Juxtapid was not just for patients with HoFH, it was also an alternative for people who have high cholesterol and had no other alternative. In other words, Mishkel was saying, "Moffett told me it could be used off-label." But he had been interviewed six times and he had given testimony under oath and he had never said that before.

Now, the Dande, Gough, Quinones, Gordon Hurst piece of this case is different because those, um, witnesses -- well because Dande doesn't say how he's prescribing off-label, Dande says, "I thought Juxtapid

was for FH, and Gordon Hurst had FH," and so Dande thought he was prescribing on-label. Then he reached out to Marti Quinones, Marti Quinones reached out to the previous Juxtapid rep, that rep reached out to Mr. Moffett, and Mr. Moffett ended up calling them at that office. And it's important, and you might not have picked up on this, because it's a detail, but that office is in Mattoon, Illinois, Dande's office and Gough's office is in a different town than Mishkel's and Goswami's and Nallamothu's, that was in Springfield. this was the first time that Mr. Moffett called on the Mattoon office. And this is also, if you put all of the evidence together, the first and earliest date that Mr. Moffett, um, had called on any of these doctors offices and started up the process for prescribing Juxtapid, February 28th, 2014. It was only a month and a half after Mr. Moffett started.

THE COURT: 5 more minutes, Mr. Parker.

MR. PARKER: Your Honor, well may I have 10 more minutes?

THE COURT: 5.

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MR. PARKER: The government makes a big deal out of Gordon Hurst not being Gough's patient, but isn't the question, did Mr. Moffett know that? Did he know, when he was called to that office, because they had

identified a Juxtapid patient, that Hurst was Dande's patient, not Gough's? Dande didn't even know that.

Dande thought at the time that they were both treating, um, Hurst. So how is Mr. Moffett supposed to know that?

But the most important thing out of all of this, um, the Hurst-Dande evidence, is that when it came time to fill out the prior authorization form on March 19th, and Mr. Basil showed you the e-mail from Mr. Moffett to Marti Quinones, um, the prior authorization -- the statement of medical necessity and the script had already been filled out, it had already been signed by Allyson Gough, there had already been an attestation of HoFH for Mr. Hurst, and Dande's name is on the prior authorization form as the prescriber. Well how did that get there? That was filled out by, um, Marti Quinones, she identified her handwriting, um, which makes sense because Dande is the one who told her to reach out and call Moffett.

Now let's look at Aegerion. I just have a few minutes left, I guess, so I'm just going to say, and leave it to you to look at the evidence, that all of the witnesses I think lied about their awareness of the REMS program, all of them were aware of the need for the risk of liver hypertoxicity and the need for testing, and all of them knew -- and that was the very reason for the

REMS program.

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I was going to talk about genetic testing, but
I'll just say this. All of the witnesses came in here
and said, um, "The only sure way to diagnose HoFH is
with a genetic test, and I never did one, so my patient
didn't have HoFH." There's a lot of evidence that came
in in this case that undercuts that, and particularly
the FDA approval of a clinical diagnosis diagnosing
HoFH.

I want to end where I ended in my opening and that's that Mr. Moffett trusted these doctors, but he not only trusted them, he respected them. He trusted that they knew what HoFH looked like because he told them what HoFH looked like. He trusted that the one, two, or five patients out of the thousands that each of them treated had a clinical diagnosis consistent with HoFH. He trusted that the doctors were not prescribing Juxtapid off-label, they never told him that they were. He trusted them literally with the lives of his family members, his brother and father were treated by Dr. Goswami, Dr. Mishkel took care of Mr. Moffett's mother. They went to each other's homes, they ate each other's food. They went to football games together, they socialized, they did favors, they watched each other's kids when they needed it. They all knew

Mr. Moffett for many years professionally and some of them were his friends for many years.

I asked Mishkel if he prescribed Juxtapid because he wanted his patients to get better? And he said "Yes." And I said, "Isn't that what Mr. Moffett wanted too?" And he said "Yes." No hesitation, no double-talk or evasion on that question, one simple word, "Yes."

I've got two simple words, "Not guilty." Send

Mark Moffett home with his family the way he walked into
this courtroom today, as an innocent man, so he can put
his life back together and back on track. Thank you.

THE COURT: A brief rebuttal from the government?

MR. BASIL: Yes, your Honor.

THE COURT: Brief. Go ahead.

REBUTTAL ARGUMENT BY MR. BASIL:

Ladies and gentlemen, Mr. Moffett must be the unluckiest man in the world because he has a drug for a one-in-a-million kind of patient and yet he found a whole bunch of them with doctors in just one practice, Prairie Cardiovascular, and the doctors, according to Mr. Parker, he just said they all diagnosed these patients clinically with HoFH, the only problem is the only person they told in the world was Mark Moffett. They didn't tell the patients, they didn't put it in

their charts. And when Mr. Parker says that the charts don't say that they were prescribing off-label? Ladies and gentlemen, that's just not true, if you go and look at those charts, they say they're prescribing Juxtapid for statin intolerance.

And, Mr. Moffett, was he marketing off-label?

Yeah, it didn't say "HoFH." Did he have his own

criteria, Dr. Moffett, did he have his own criteria?

Well those criteria don't appear anywhere except in his

e-mails, ladies and gentlemen.

And when Mr. Parker says, "Oh, Dr. Mishkel never said before that Moffett was marketing off-label for statin intolerance? Well, ladies and gentlemen, go look at Moffett's e-mail to Mishkel in the spring of 2014, I showed it to you in my closing argument, what he says there is it's for statin intolerant patients.

But let me just end with this simple fact for you. On the day that Mark Moffett was in Mattoon to get the signatures on the forms from Ally Gough, she told you that Gordon Hurst wasn't there that day. This is Exhibit 29 in evidence, it's the HIPPA consent form for Gordon Hurst, ladies and gentlemen, and there's that handwriting on it that you know.

Ladies and gentlemen, when that man needed a signature on a form and he needed to get it, he did it.

That's fraud. That's all you need to know. You should find him guilty on all counts. (**EXCERPT** ends.) CERTIFICATE I, RICHARD H. ROMANOW, OFFICIAL COURT REPORTER, do hereby certify that the forgoing transcript of the record is a true and accurate transcription of my stenographic notes, of the aforementioned EXCERPT, before Judge William G. Young, on Thursday, December 19, 2019, to the best of my skill and ability. /s/ Richard H. Romanow 02-21-20 RICHARD H. ROMANOW Date